

HOW TO JOIN THE WISCONSIN PUBLIC EMPLOYERS GROUP HEALTH INSURANCE PROGRAM FOR NON-WRS EMPLOYERS



**Department of Employee
Trust Funds
P.O. Box 7931
Madison, WI 53707-7931**

Submit materials or questions to:

New Employer Health Insurance Manager at ETF
PO Box 7931, Madison, WI 53707-7931
801 W. Badger Road
Madison, WI 53713-2526
Fax: (608) 266-5801
Toll-free phone: (877) 533-5020
Local to Madison: (608) 266-3285

GENERAL INFORMATION

Local government employers that do not participate in the Wisconsin Retirement System (WRS) but have verified with ETF their status as an employer under Wis. Stat. 40.02 (28) (cited below) and are eligible beginning January 1, 2013, may choose to join the Wisconsin Public Employers Group Health Insurance Program offered by the State of Wisconsin Group Insurance Board. In general, this program offers health insurance to employees who are not enrolled in the WRS.

Wis. Stat. 40.02 (28) reads, in pertinent part: "Employer" means ...any county, city, village, town, school district, other governmental unit or instrumentality of two or more units of government now existing or hereafter created within the state, any federated public library system established under s. 43.19 whose territory lies within a single county with a population of 500,000 or more, a local exposition district created under subch. II of ch. 229, and a long-term care district created under s. 46.2895, except as provided under ss. 40.51 (7) and 40.61 (3). "Employer" does not include a local cultural arts district created under subch. V of ch. 229. Each employer shall be a separate legal jurisdiction for OASDHI purposes.

Insurance for non-employees (for example, currently insured or future retirees) is limited to health insurance following termination of employment through COBRA continuation.

HEALTH INSURANCE PLANS

Once an employer has joined, the Wisconsin Public Employers Group Health Insurance Program provides an employee a choice between two types of coverage through a Uniform Benefits package offered by various alternate health plans, (i.e., health maintenance organizations (HMOs) and preferred provider organizations (PPOs) or the nationwide Standard PPO Plan). Refer to the benefit grid of Program Options later in this brochure or the *It's Your Choice: Decision Guide* (ET-2128d) and applicable addendums (ET-2158 or ET-2168) for detail on the employer selected benefit options.

ALTERNATE HEALTH PLANS - An employee may choose from a variety of alternate health plans (HMO, WEA Trust PPO or WPS Metro Choice) based on cost, quality of service and access to specific physicians or other health care providers. Alternate health plans provide comprehensive benefits at a lower cost than the Standard PPO, in exchange for some health care provider limitations.

STANDARD PPO PLAN - The self-insured Standard PPO (fee for service indemnity) provides medical benefits for covered services from any qualified health-care provider, but with differences in reimbursement depending on whether participants go to an in-network or out-of-network provider.

EMPLOYEE ELIGIBILITY

Currently insured employees, including part-time employees, are eligible for group health insurance coverage if the employer elects to participate in the Wisconsin Public Employers Group Health Insurance Program.

Employees who work two-thirds (1200 hours per year) time are currently eligible and may enroll for coverage.

If you have questions about whether an employee or group of employees are eligible for health insurance coverage, contact the Employer Communication Center toll free at (888) 533-5020, option 1, or locally at (608) 266-3285, option 1, before submitting materials to begin the underwriting process.

Each employer may decide whether married employees who work for the same employer may each select single or family coverage or if they are eligible only for family coverage through one of the spouses.

COVERAGE FOR SURVIVING SPOUSE AND DEPENDENTS

This program follows federal COBRA and state (632.897 Wis. Stat.) continuation of coverage requirements. Surviving spouse and dependents will be eligible to continue under COBRA for up to a 36-month period. State continuation may provide for a longer coverage period under certain circumstances. Any surviving spouse and their dependents who are eligible for Medicare Part A and B will be eligible for up to 18 months under state continuation.

MEDICARE NOT REQUIRED FOR EMPLOYEES

For those who are Medicare eligible but still actively employed, there is no requirement that they or any dependent enroll in Medicare. Premiums for active employee coverage do not decrease when a member enrolls in Medicare Parts A and/or B.

EMPLOYEE AND EMPLOYER COST

Employers **may not** provide payments to employees in lieu of coverage under this health insurance program. Participating employers potentially have three options available for establishing employer contribution toward premium—the 88% Calculation Method, the three-Tiered Premium Structure and the 105% Formula Method.

Participating employers are allowed to pay up to 88% of the average premium cost of the qualified tier 1 health plans offered in the service area of the employer (i.e., the county) unless: a collective bargaining agreement was in place before June 28, 2011, that provides otherwise. A 105% of the low-cost qualified health plan contribution method applies only for those employees who are specifically exempt from the 88% contribution method.

1. The 88% Calculation Method provides the maximum premium contribution that a local employer may pay for non-exempt employees. The employer can pay less down to the minimum limit. The minimum employer premium contribution for all local employees cannot be less than 50% of the average premium cost of the qualified tier 1 health plans within the service area of the employer (this may be reduced to a minimum of 25% for employees who work fewer than 1,044 hours) as provided in rules established by the Group Insurance Board. Once determined by the employer, this dollar amount remains unchanged, regardless of the health plan chosen by the employee.

The 88% rate tables ETF provides indicate the maximum employer share. If a health plan's premium is equal to or less than the employer's share, the employer pays the entire premium. The employee's share would be \$0. In some cases, an employer may wish to make employees pay some amount toward their health insurance coverage. This is permissible as long as the employer share does not exceed 88% of the average premium cost of the qualified Tier 1 health plans within the county. If an employer adjusts the employer contribution downward to require employees who select low-cost plans to pay some amount, the employer must apply the same adjusted contribution rate equally to all employees within the same group, regardless of the plan they select. A group can be defined by start dates, full-time equivalency, coverage type (single or family), collective bargaining agreements and/or geographic location. Contact ETF with questions.

2. The three-Tiered Premium Structure is also available for employers to use to establish the maximum employee contribution toward premium. Each year the Group Insurance Board and its consulting actuaries rank and assign each of the available health plans to one of three "tier" categories. An employee's premium contribution is determined by the tier ranking of the health plan he or she selects. The criteria for a local employer to implement tiering is as follows:
 - The employee portion of the monthly premium will increase for plans in higher tiers by at least \$20 for single coverage and \$50 for family coverage for each successively higher tier.
 - The employee's single or family premium contribution must be the same for all plans in a given tier.
 - Wisconsin's 2011 Act 10 requires that participating local employers not pay more than 88% of the average premium cost of the qualified tier 1 health plans within the service area (i.e. county) unless a collective bargaining agreement is in place. If such an agreement is in effect, the terms of that agreement regarding group health insurance apply.
 - The employer may not pay less than 50% of the premium for employees who work 1,044 hours or more per year or less than 25% of the premium for employees who work fewer than 1,044 hours per year.
3. All employees of participating local employers are subject to the 88% maximum contribution method except:
 - Represented employees who are subject to a collective bargaining agreement that was in place before

June 28, 2011.

- Non-represented managerial law enforcement or managerial fire-fighting employees initially hired by a local employer before July 1, 2011. These employees are paid at the same percentage as represented law enforcement or fire-fighting personnel hired before July 1, 2011.
- Represented law enforcement or fire-fighting employees initially hired before July 1, 2011, and who on or after July 1, 2011, became a non-represented law enforcement or fire-fighting managerial employee. These employees are paid at the same percentage as represented law enforcement or fire-fighting personnel hired before July 1, 2011.

In these cases, the 105% of the low-cost qualified health plan contribution method still applies. This method allows the employer to contribute toward the premium for any eligible employee an amount between 50% and 105% of the least costly qualified health insurance plan within the county of the employer (but not to exceed the total premium for the selected plan). The same employer contribution percentage must apply to all employees within the same group. This dollar amount remains unchanged, regardless of the plan chosen by the employee. However, the employer contribution may be reduced to a minimum of 25% for employees who work less than half-time.

Health plans must have providers in the geographic area serving the majority of the employees in order to be considered in the employers' contribution formula; however, this does not limit the employee's choice of plans. Employees may select any plan offered by this program, as long as they are willing to receive health care from its respective network providers.

Refer to the *It's Your Choice: Decision Guide* (ET-2128d), or applicable addendums for the Coinsurance or Deductible options, for health plan premium rates. Premiums change annually on January 1.

Employer contributions must begin no later than the first of the month following the employee's completion of six months of qualified employment (see Enrollment Periods for New Employees in this booklet) with the present employer or at an earlier date, if mutually agreed upon by the employer and employee. Beginning January 1, 2014, in order to avoid penalties that may be assessed if coverage is found to be 'unaffordable' under federal health care reform, you may want employer contributions to begin no later than the first of the month preceding the employee's completion of 90 days of qualified employment.

HOW TO JOIN

A Wisconsin Public Employer that meets the requirements of Wis. Stat. 40.02 (28) may enter the Wisconsin Public Employers Group Health Insurance Program at the beginning of any quarter, following group underwriting.

Underwriting will determine whether the group may join at the rates published in the *It's Your Choice* booklet (ET-2128) or addendums (ET-2158 or ET-2168), or whether the group must pay an additional per contract per month surcharge added to the published rates, as determined by the Group Insurance Board's actuary, for an average of 24 months. The surcharge will be applied if the group's risk is determined to be detrimental to the existing pool.

Once ETF receives all the required information, the underwriting and enrollment process takes 120 days. Groups are eligible to enroll effective January 1, April 1, July 1 or October 1. A blank checklist detailing the information required for submittal is included in this booklet. The *Large Group Underwriting Checklist* for groups with 51 or more active employees appears on pages 12 and 13. The *Small Group Underwriting Checklist* for groups of 50 or fewer active employees appears on page 14.

An employer may enroll its employees in the Traditional or Full Pay HMO, the Coinsurance HMO, or the Deductible HMO. Each of these program options also offers employees the choice of a Standard PPO Plan. There are three differing levels of deductibles and coinsurance in these PPOs to align with the cost savings of the applicable HMO option. An employer may elect to provide regular Full Pay and other options separately to collective bargaining units as approved by ETF. (See below or addendums for the *It's Your Choice* ET-2128, ET-2158 or ET-2168.).

**Wisconsin Public Employees
Non-Medicare Benefits
Program Options (PO) Effective January 1, 2013**

NON-MEDICARE BENEFITS		Program Option 2	Program Option 4	Program Option 6
Uniform Benefits (For HMOs and some PPOs: benefits described for services at plan providers only)		Full Pay Uniform Benefits (No deductible or coinsurance.)	\$500 Individual/ \$1000 Family deductible except as required by federal law. After deductible is met, Uniform Benefits apply.	NEW 90%/10% coinsurance to \$500 Individual/\$1000 Family out-of-pocket limit, except as required by federal law. After coinsurance is met, Uniform Benefits apply.
Standard PPO Benefit	Freedom of Provider Choice Benefit:	Standard PPO NEW	Standard PPO: <i>Modernized, but no change to former PO 5s deductible/coinsurance</i>	Standard PPO: <i>Modernized, but no change to former PO 3s deductible/coinsurance</i>
	Deductible (Unless otherwise noted, it is an overall deductible.)	<i>In-Network:</i> \$100 Individual/ \$200 Family <i>Out-of-Network:</i> \$500 Individual/ \$1000 Family	<i>In-Network:</i> \$500 Individual/ \$1000 Family <i>Out-of-Network:</i> \$1000 Individual / \$2000 Family	<i>In-Network:</i> \$250 Individual/ \$500 Family <i>Out-of-Network:</i> \$500 Individual/ \$1000 Family
	Coinsurance	<i>In-Network:</i> 100%/0% <i>Out-of-Network:</i> 80%/20%	<i>In-Network:</i> 80%/20% <i>Out-of-Network:</i> 70%/30%	<i>In-Network:</i> 90%/10% <i>Out-of-Network:</i> 70%/30%
	Annual out-of-pocket limit (Includes deductible & coinsurance.)	<i>In-Network:</i> \$100 Individual/ \$200 Family <i>Out-of-Network:</i> \$2000 Individual/ \$4000 Family	<i>In-Network:</i> \$2000 Individual/ \$4000 Family <i>Out-of-Network:</i> \$4000 Individual/ \$8000 Family	<i>In-Network:</i> \$1000 Individual/ \$2000 Family <i>Out-of-Network:</i> \$2000 Individual/ \$4000 Family

Employer and employee cost sharing is structured with the 50% to “88% Formula” or the “3 Tiered Premium Structure” described under Employee and Employer Cost beginning on page 2.

MINIMUM PARTICIPATION REQUIREMENTS

Large employers (with 51 or more eligible participants) must achieve a 65% participation rate of all eligible employees. Eligible employees are all employees who are currently actively employed. Small employers (50 or fewer participants) must meet the following enrollment levels. The program has adopted the minimum participation standards outlined in INS 8.46 (2) WI Administrative Code. If an employee declines the initial coverage and indicates one of the following reasons, that person is considered a “waive” and is deducted from the group of “Eligible Employees” by the Office of Commissioner of Insurance (OCI):

- Covered by a plan not sponsored by the employer
- Enrolled in a similar plan sponsored by the employer
- Annualized medical premium contribution exceeds 10% of their annualized gross earnings

Note: Employees who decline initial coverage for any other reason remain in the count of “Eligible Employees.”

The Group Insurance Board has adopted the OCI mandates regarding minimum enrollment after removing “waives” from the Group Size Count:

Group Size	Minimum Enrollment
1	1
2-4	2
5-6	3
7	4
8-9	5
10	6
11-50	70%

Note: An employer may **ONLY** deduct the allowable “**waives**” from the overall group when the initial group size of employees that participate is 50 or fewer.

Following underwriting, the public employer will be notified what surcharge will be applied, if any. The employer may then elect to join the Wisconsin Public Employers Group Health Insurance Program by filing a resolution 90 days prior to the effective date. Sample and blank resolution forms are included for your convenience in this booklet. Be sure to include the total number of eligible employees on the resolution.

Action to adopt a resolution must be taken by one of the following governing bodies:

Public Employer	Corresponding Governing Body
County	County Board
City	Common Council
Village	Village Board
Other Political Subdivisions	Governing Board

Following underwriting, and 90 days after receipt of a resolution at ETF, coverage will be effective on the first day of the quarter, unless the next quarter start date is specified.

Mail resolution to: Department of Employee Trust Funds
Division of Insurance Services, Insurance Administration Bureau
P.O. Box 7931
Madison, WI 53707-7931

After the resolution is filed, there will be an initial enrollment period. During this period the minimum participation level must be met based on the number of eligible employees electing coverage under this program or the resolution will be rejected. Applications filed during the initial enrollment period must be received by ETF at least 30 days prior to the effective date of coverage or the group health insurance resolution will be null and void.

Please note that if you wish to retain a second group health plan for one or more of your bargaining units, use the special resolution on page 10. See page 7 for more information.

SIGNING UP FOR ETF E-MAIL UPDATES FOR LOCAL EMPLOYER BULLETINS: GROUP HEALTH INSURANCE

Once a resolution is filed to join the Wisconsin Public Employers Group Health Insurance Program, the employer agent is required to sign up for *ETF E-mail Updates*. The Department of Employee Trust Funds (ETF) delivers *Local Employer Bulletins*, *Group Health Insurance* and other employer announcements, **exclusively** through ETF E-mail Updates. ETF E-mail Updates is an automated system that uses e-mail to notify interested parties about specific topics when new information is posted to ETF’s website. When either a new *Employer Bulletin* or an employer announcement is available at etf.wi.gov, subscribers will receive an

e-mail with a link to it. There is no charge to subscribe to this service.

All employer agents must follow the steps outlined below even if currently subscribed to ETF E-mail Updates. The topics agents will subscribe to are employer specific and allow for more extensive communication from ETF.

Though we encourage all employer agents to subscribe through the process below, **we also suggest that your organization subscribe a shared, general e-mail address that may be accessed by others when an employer agent is unavailable.** It is the employer agent's responsibility to maintain a working e-mail address in the ETF E-mail Updates system.

How to Subscribe:

1. TYPE <http://etf.wi.gov/employer-updates.htm> into your Internet browser.
2. Click on an Employer Bulletin link that represents a program your organization offers.
3. Enter your e-mail address and click the Submit button.
4. On the Success screen click on Subscriber Preferences.
5. Select the Questions tab. This question will verify that your organization has fulfilled its responsibility by subscribing to the ETF E-mail Update system.
6. Select the organization you work with from the drop down menu.
7. Click Submit.

Local Employers: Repeat steps 1 through 3 above, selecting the Local Employer Bulletin for each ETF-administered program your organization offers. Local employers should return to hyperlink <http://etf.wi.gov/employers/etf-email-updates.htm> as these topics **do not** appear in the Quick Subscribe page.

Prevent E-mails From Delivery to SPAM Folder:

Add etfwi@public.govdelivery.com to your e-mail address book to prevent *Employer Bulletins* from ending up in a SPAM folder. If you use a spam filter, add etfwi@public.govdelivery.com to the whitelist.

If you have questions, please call the Employer Communication Center: 1-877-533-5020 or locally at 608-266-3285.

INITIAL ENROLLMENT OPPORTUNITY FOR CURRENT ACTIVE EMPLOYEES

At the time of initial enrollment, employees may select any of the health plans offered by the group health insurance program. There are no limitations on coverage of pre-existing conditions for eligible employees. In the following situations, however, employees are limited to enrollment in the Standard PPO Plan, if:

- the employer did not provide health insurance coverage to its employees prior to joining this program;
- the employee is not insured under the employer's current health insurance program or under another group health insurance plan administered by ETF at the time the resolution to participate is filed and wishes to enroll for coverage under this program;
- the employee is insured for single coverage and wishes to enroll for family coverage; or
- the employee is hired after the approval by the employer of the Resolution of Inclusion and before the effective date.

NOTE: Currently uninsured employees must be appointed to work at least 1200 hours (2/3 time) and for at least one year to be eligible to enroll under the Standard PPO Plan.

The employee may select a different health plan during the next It's Your Choice Open Enrollment period that occurs after their effective date of coverage.

Any person who is part of the employer's group as a result of state or federal (COBRA) continuation is eligible to enroll in any plan without restriction, except the term of coverage shall not exceed the length of time for which the continuant was eligible under the employer's previous plan.

IT'S YOUR CHOICE OPEN ENROLLMENT

It's Your Choice Open Enrollment represents an opportunity for employees to change health plans, switch from single to family coverage, change from family to single or to newly elect coverage. This option is only available

once each year (usually in October), with the coverage to be effective January 1 of the following year. During this enrollment period, insured and uninsured employees may elect any health plan offered without incurring waiting periods or submitting evidence of insurability.

LATE ENROLLMENT

Employees choosing not to enroll when initially eligible and who do not have a qualifying event are limited to enrollment during the It's Your Choice Open Enrollment period.

OTHER ENROLLMENT OPPORTUNITIES

Refer to the *It's Your Choice: Reference Guide* (ET-2128) Frequently Asked Questions.

ENROLLMENT PERIODS FOR NEW EMPLOYEES

Once an employer is effective in this program, any newly hired employee appointed to work at least 1,200 hours and for at least one year may enroll within 30 days of the date of hire or prior to the date the employer contributes to the premium. The employer premium contribution must begin no later than the first of the seventh month following the employee's hire date.

Coverage becomes effective the first of the month following the employer's receipt of the completed application.

Depending on employees' personal needs, they may enroll for single or family coverage. If an employee selects family coverage, eligible dependents include the employee's spouse, domestic partner and unmarried children up to age 26 as required by law. See the *It's Your Choice: Reference Guide* (ET-2128) for a complete definition of dependent.

CONTINUATION (COBRA)

The option to continue group health insurance coverage, as permitted by state or federal law, at group rates will be available to:

1. Employees and covered dependents for 18 months if the employee ceases to be eligible for group coverage because of termination of employment (including retirement) or transfer into non-eligible employment.
2. Employees and covered dependents for 36 months, if the employee ceases to be eligible for group coverage because of layoff.
3. The spouse of an insured employee for 36 months who loses coverage due to divorce.
4. Dependent children for 36 months who lose dependent status.
5. Dependents for 36 months who lose coverage due to the employee's death.

CONVERSION

The opportunity to convert to non-group health insurance coverage at non-group rates is available to any person eligible for continuation of coverage and any person who has exhausted their 18, 29 or 36 months of continuation of coverage. Conversion is not available at the time of retirement or for retirees following COBRA continuation. Conversion is available from all plans, provided the participant's group coverage has been in effect for at least three months prior to termination. The conversion contract (not group continuation) available at that time will be subject to the rates and regulations then in effect.

RETAINING A SECOND GROUP HEALTH INSURANCE PLAN

Employers wishing to join the Wisconsin Public Employers Group Health Insurance Program while retaining a separate group health plan outside this program for one or more of its bargaining units or that portion of employees that are the result of a municipality's division or merger may do so only under the following provisions:

1. Overall Participation. It must be demonstrated to the satisfaction of the GIB that excluding such a subgroup will not be detrimental to this program. Regardless, the minimum participation level must be met. This is based on the number of all your eligible employees.
2. Standard PPO vs. Alternate Health Plans. If less than 50% of the employees enrolling in this program elect the Standard PPO coverage, after the first year the Plan Stabilization Contribution (PSC) may be increased by up to \$2 per month for each year that the average age of the employer group exceeds the average age of all other Standard PPO participants in this group health insurance program. The maximum increase in

the PSC would be \$10 per month.

3. Contract. A newly participating employer must agree to continue participation in the Wisconsin Public Employers Group Health Insurance Program through a calendar year.

TERMINATION OF PARTICIPATION

Participation in the Group Health Insurance Program is optional. The program permits an employer to withdraw from the program at the end of any calendar year if a *Resolution to Withdraw from the Wisconsin Public Employers Group Health Insurance Program* (ET-1318) is received by ETF by the preceding October 15 to be effective at the end of the calendar year.

Employers whose participation falls below the established participation requirements will be informed by ETF of their status. Following an employer's withdrawal from the program, any participant who was eligible for coverage as a result of the employer's previous participation will no longer be eligible for coverage. This includes retirees and any employee or dependent of an employee who is on continuation coverage. Coverage for all participants will terminate on December 31 of that year.

Employers withdrawing from the Wisconsin Public Employers Group Health Insurance Program cannot reapply for participation in the program for three years.

Failure to execute the withdrawal resolution by October 15 will require ETF's approval of the withdrawal. In addition, ETF may impose enrollment restrictions on the employer appropriate to preserve the integrity of the program should the employer reapply for participation in the program after three years. Such restrictions may also be imposed if ETF terminates the employer's participation in the program due to the employer's failure to maintain the minimum participation level of eligible employees or otherwise violates the terms of the contract.

MORE INFORMATION

If you have any questions not covered in this booklet, you may obtain additional information by contacting:

Department of Employee Trust Funds
Division of Insurance Services, Insurance Administration Bureau
Employer Communication Center
P. O. Box 7931
Madison, WI 53707-7931
Phone: (608) 266-3285, option 1
Toll free: (877) 533-5020, option 1
Email: etfhealthandins@etf.wi.gov
Fax: (608) 266-5801
Internet site: etf.wi.gov

A RESOLUTION FOR INCLUSION UNDER THE WISCONSIN PUBLIC EMPLOYERS' GROUP HEALTH INSURANCE PROGRAM

RESOLVED, by the Village Board of the Village of Southern
(Governing Body) (Employer Legal Name)

that pursuant to the provisions of Wis. Stat. § 40.51 (7) hereby determines to offer the Group Health Insurance Program to eligible personnel through the program of the State of Wisconsin Group Insurance Board, and agrees to abide by the terms of the program as set forth in the contract between the Group Insurance Board and the participating health insurance providers.

All participants in the WPE Group Health Insurance Program will need to be enrolled in a program option. An employer may elect participation in one, two or all three program options listed below, with each program option to be offered to different employee classifications. Individual employees cannot choose between program options.

We choose to participate in the: (check applicable options)

- ☐ Traditional or Full Pay Uniform Benefits Option paired with the Standard PPO – P02
☐ Deductible Uniform Benefits Option paired with the Standard PPO – P04
☒ Coinsurance Uniform Benefits Option paired with the Standard PPO – P06

The underwriting and enrollment process takes 120 days. Groups are eligible to enroll effective January 1, April 1, July 1, or October 1. **RESOLUTION EFFECTIVE DATE** (select one date): Jan. 1, 2013.

The proper officers are herewith authorized and directed to take all actions and make salary deductions for premiums and submit payments required by the State of Wisconsin Group Insurance Board to provide such Group Health Insurance.

CERTIFICATION

I hereby certify that the foregoing resolution is a true, correct and complete copy of the resolution duly and regularly passed by the above governing body on the 16th day of September, year 2012 and that said resolution has not been repealed or amended, and is now in full force and effect.

Dated this 20th day of September, year 2012.

I understand that Wis. Stat. § 943.395 provides criminal penalties for knowingly making false or fraudulent statements, and hereby certify that, to the best of my knowledge and belief, the above information is true and correct.

7089-000
ETF EMPLOYER IDENTIFICATION NUMBER

FEDERAL TAX IDENTIFICATION NUMBER
(FEIN/TIN)

10
NUMBER OF ELIGIBLE EMPLOYEES

Tom Brown Clerk
EMPLOYER REPRESENTATIVE TITLE
P.O. Box 5
Southern, WI 53710
MAILING ADDRESS

Dodge County
COUNTY WHERE EMPLOYER IS LOCATED

tom.brown@etf.wi.gov
EMAIL ADDRESS

**A RESOLUTION FOR INCLUSION UNDER THE WISCONSIN PUBLIC EMPLOYERS'
GROUP HEALTH INSURANCE PROGRAM**

RESOLVED, by the _____ of the _____
(Governing Body) (Employer Legal Name)

that pursuant to the provisions of Wis. Stat. § 40.51 (7) hereby determines to offer the Group Health Insurance Program to eligible personnel through the program of the State of Wisconsin Group Insurance Board, and agrees to abide by the terms of the program as set forth in the contract between the Group Insurance Board and the participating health insurance providers.

All participants in the WPE Group Health Insurance Program will need to be enrolled in a program option. An employer may elect participation in one, two or all three program options listed below, with each program option to be offered to different employee classifications. Individual employees cannot choose between program options.

We choose to participate in the: (check applicable options)

- ☐ Traditional or Full Pay Uniform Benefits Option paired with the Standard PPO – P02
- ☐ Deductible Uniform Benefits Option paired with the Standard PPO – P04
- ☐ Coinsurance Uniform Benefits Option paired with the Standard PPO – P06

The underwriting and enrollment process takes 120 days. Groups are eligible to enroll effective January 1, April 1, July 1, or October 1. **RESOLUTION EFFECTIVE DATE** (select one date): _____.

The proper officers are herewith authorized and directed to take all actions and make salary deductions for premiums and submit payments required by the State of Wisconsin Group Insurance Board to provide such Group Health Insurance.

CERTIFICATION

I hereby certify that the foregoing resolution is a true, correct and complete copy of the resolution duly and regularly passed by the above governing body on the ____ day of _____, year _____ and that said resolution has not been repealed or amended, and is now in full force and effect.

Dated this ____ day of _____, year _____.

I understand that Wis. Stat. § 943.395 provides criminal penalties for knowingly making false or fraudulent statements, and hereby certify that, to the best of my knowledge and belief, the above information is true and correct.

_____ ETF EMPLOYER IDENTIFICATION NUMBER	_____ EMPLOYER REPRESENTATIVE	_____ TITLE
_____ MAILING ADDRESS		
_____ FEDERAL TAX IDENTIFICATION NUMBER (FEIN/TIN)	_____ COUNTY WHERE EMPLOYER IS LOCATED	
_____ NUMBER OF ELIGIBLE EMPLOYEES	_____ EMAIL ADDRESS	

Wisconsin Department of Employee Trust Funds
A RESOLUTION FOR INCLUSION UNDER THE WISCONSIN PUBLIC EMPLOYERS'
GROUP HEALTH INSURANCE PROGRAM
WITH A REQUEST TO RETAIN A SECOND GROUP HEALTH PLAN

RESOLVED, by the _____ of the _____
(Governing Body) (Employer Legal Name)

that pursuant to the provisions of Wis.Stat. § 40.51 (7) hereby determines to offer the Group Health Insurance Program to eligible personnel through the program of the State of Wisconsin Group Insurance Board, and agrees to abide by the terms of the program as set forth in the contract between the Group Insurance Board and the participating health insurance providers.

All participants in the WPE Group Health Insurance program will need to be enrolled in a program option. An employer may elect participation in one, two or all three program options listed below, **with each program option to be offered to different employee classifications. Individual employees cannot choose between program options.**

We choose to participate in the: (check applicable options)

- ☐ Traditional or Full Pay Uniform Benefits Option paired with the Standard PPO – P02
☐ Deductible Uniform Benefits Option paired with the Standard PPO – P04
☐ Coinsurance Uniform Benefits Option paired with the Standard PPO – P06

Be it further resolved that the _____
(Governing Body)

requests to retain a second group health plan, separate from the Wisconsin Public Employers' group, under the provisions outlined as follows:

1. Overall Participation. If a portion of the non-participating employees are covered by some other plan, it must be demonstrated to the satisfaction of the Board that excluding such sub-group will not result in adverse selection. Regardless, the minimum participation level must be met, which is based on the number of all eligible employees of this employer that participate in this local group health insurance program.
2. Standard PPO vs. HMOs. If less than 50% of the participating employees elect the Standard PPO coverage, after the first year in this program the Plan Stabilization Contribution (PSC) may be increased by up to \$2 for each year that the average age of the employer group exceeds the average age of all other Standard PPO participants in the Wisconsin Public Employers' Group Health Insurance Program. The maximum increase in the PSC would be \$10.
3. Contract. Such a new employer must agree to participate in this local group health insurance program for a minimum period of three years.

The underwriting and enrollment process takes 120 days. Groups are eligible to enroll effective January 1, April 1, July 1, or October 1. **RESOLUTION EFFECTIVE DATE:** (select one date)_____.

The proper officers are herewith authorized and directed to take all actions and make salary deductions for premiums and submit payments required by the State of Wisconsin Group Insurance Board to provide such Group Health Insurance.

CERTIFICATION

I hereby certify that the foregoing resolution is a true, correct and complete copy of the resolution duly and regularly passed by the above governing body on the _____ day of _____, year _____ and that said resolution has not been repealed or amended, and is now in full force and effect.

Dated this _____ day of _____, year _____.

ETF EMPLOYER IDENTIFICATION NUMBER

EMPLOYER REPRESENTATIVE TITLE

MAILING ADDRESS

FEDERAL TAX IDENTIFICATION NUMBER
(FEIN/TIN)

COUNTY WHERE EMPLOYER IS LOCATED

NUMBER OF ELIGIBLE EMPLOYEES

EMAIL ADDRESS

**WISCONSIN PUBLIC EMPLOYERS, NON-WRS
LARGE GROUP UNDERWRITING CHECKLIST/QUESTIONNAIRE**

(For groups with 51 or more eligible active employees.)

All Information must be sent to the New Employer Health Insurance Manager at ETF
PO Box 7931, Madison, WI 53707-7931
801 W. Badger Rd., Madison, WI 53713-2526
Fax (608) 266-5801

- ☐ Check made out to WPS Health Insurance for cost of Underwriting for \$1,000.
- ☐ Check made out to Deloitte LLP for cost of Underwriting for \$1,400.
- ☐ Employer Questionnaire checklist from ET-1156 (this form).
- ☐ Group Name: _____.
- ☐ Employer Identification Number (EIN) _____.
- ☐ Federal Employer Identification Number (FEIN) _____.
- ☐ Group Contact (name) _____.
- ☐ Group Contact phone _____ Fax _____.
- ☐ Email Address _____.
- ☐ Group Physical Address: _____

_____.
- ☐ County Location of Employer: _____.
- ☐ Effective Date of Quote (Offered no sooner than 120 days from the renewal/effective date of the client): _____.
- ☐ Number of *all* employees on payroll including part time and seasonal: _____.
- ☐ Number of employees eligible to participate in the WPE Group Health Insurance Program, including part time and seasonal: _____.
- ☐ US Dept. of Labor- Standard Industrial Classification (SIC) code (for example: 9199: General Government, Not Elsewhere Classified): # _____.
- ☐ What is your anticipated employer contribution?: _____.
- ☐ What is your anticipated probationary period for health insurance eligibility? (For example, 1st of the month following 60 days): _____.
- ☐ Current insurance carrier & years enrolled: _____.
- ☐ Most recent State Department of Workforce Development quarterly Wage and Tax Report statement. This report must include employee names. This report can be mailed with this checklist or sent by secure email to etf-healthandins@etf.wi.gov
- ☐ Send census data by secure email to etfhealthandins@etf.wi.gov or on disc that is mailed with this checklist. Your census data will be for all eligible employees, noting those employees who are in their probationary period, and retirees, former employees receiving COBRA benefits (include COBRA end date) and employees waiving coverage under the current benefit plan. Census data should include:
 - ☐ The employee by name, employee number, or numeric assigned number
 - ☐ Date of birth or age
 - ☐ Sex
 - ☐ Current status of their insurance EE (single), EC (employee/child{ren}), ES (employee/spouse), F (family, employee/spouse/children).
 - ☐ Zip code of the employee's address

- ❑ **For current self-funded groups and insured groups with experience data, send by secure email to etfhealthandins@etf.wi.gov or on disc that is mailed with this checklist:**
 - Twenty-four months (month by month, 12 months minimum) of claims data
 - Enrollment data (month by month summary of enrollment by single, limited family, family)
 - Benefit plans in force for each year of rate history
 - Employer contribution
 - High cost claims data (over \$25,000) detail including dollar amount, diagnosis, current status (enrolled or cancelled) and prognosis (if available). **NOTE: Claims data cannot include name, Social Security number, or any information that would identify the individual.**

- ❑ **For insured groups with carriers who do not provide experience data, send by secure e-mail to etfhealthandins@etf.wi.gov or on disc that is mailed with this checklist*:**
 - 3 years of rate and history renewal calculations, including renewal rates
 - Enrollment (summary of enrollment by single, limited family, and family) for each of 3 year rate history
 - Benefit plans in force for each year of rate history
 - High cost claim (over \$25,000) detail including dollar amount, diagnosis, current status (enrolled or cancelled) and prognosis (if available). **NOTE: Claims data cannot include name, Social Security number, or any information that would identify the individual.**

* Note: Groups that consist of 51 to 100 active employees may have to request this information, in writing, from their current plan. If it is not received by ETF, your group may be assigned to the highest surcharge amount.

Do not file a resolution until you have received your group's rates and your governing body has decided to accept them.

**WISCONSIN PUBLIC EMPLOYERS, NON-WRS
SMALL GROUP UNDERWRITING CHECKLIST/QUESTIONNAIRE**

(For groups with 1-50 eligible active employees.)

All Information must be sent to the New Employer Health Insurance Manager at ETF
PO Box 7931, Madison, WI 53707-7931
801 W. Badger Rd., Madison, WI 53713-2526
Fax (608) 266-5801

- ☐ Check made out to ETF for a portion of the cost of Underwriting for \$250.
 - ☐ Employer Questionnaire checklist from ET-1156 (this form).
 - ☐ Group Name: _____.
 - ☐ Employer Identification Number (EIN) _____.
 - ☐ Federal Employer Identification Number (FEIN) _____.
 - ☐ Group Contact (name) _____.
 - ☐ Group Contact phone _____ Fax _____.
 - ☐ Email Address _____.
 - ☐ Group Physical Address: _____

_____.
 - ☐ County Location of Employer: _____.
 - ☐ Effective Date of Quote (Offered no sooner than 120 days from the renewal/effective date of the client): _____.
 - ☐ Number of *all* employees on payroll including part time and seasonal: _____.
 - ☐ Number of employees eligible to participate the Wisconsin Public Employers Group Health Insurance Program, including seasonal: _____.
 - ☐ US Dept. of Labor- Standard Industrial Classification (SIC) code (for example: 9199: General Government, Not Elsewhere Classified): #_____.
 - ☐ What is your anticipated employer contribution?: _____.
 - ☐ What is your anticipated probationary period for health insurance eligibility? (For example, 1st of the month following 60 days): _____.
 - ☐ Current insurance carrier and years enrolled with current carrier: _____
_____.
 - ☐ Small Employer Uniform Employee Application for Group Health Insurance (OCI 26501) completed by each eligible employee. The application is available online at <http://www.oci.wi.gov/ociforms/26-501.pdf>
 1. Those applying for coverage must complete sections I through IV and VI, VII and X.
 2. Those waiving coverage must complete sections I and V only.
- Due to private health insurance information, completed Uniform Employee Applications must be inserted in sealed envelopes marked as Confidential with the employee's name and returned to the employer.***
When **all** Uniform Employee Applications are received, the employer will submit them in their individually sealed envelopes with all other required documents, 120 days prior to the effective date selected.
- ☐ State Department of Workforce Development quarterly Wage and Tax Report statement. This report must include employee names.
 - ☐ Recent health insurance carrier bill listing all covered employees.

Note: If this information is not received by ETF, your group may be assigned to the highest surcharge amount.

Do not file a resolution until you have received your group's rates and your governing body has decided to accept them.